

~~SECRET~~

# OFFICIAL SUPERIOR'S REPORT OF INJURY AND DEATH

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYERS' COMPENSATION, as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes a disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department _____ <small>(Army, Navy, etc.)</small>	2. Bureau or office _____ <small>(Engineer, Navigation, etc.)</small>
	3. Place of employment _____ <small>(Arsenal, navy yard, etc.)</small>	_____ <small>(City)</small> _____ <small>(State)</small>
	4. Reporting office _____ <small>(Location of reporting office or division headquarters)</small>	
	5. Name of superintendent or foreman in charge when injury occurred _____	
The injured employee	6. Name of injured employee <u>JUAN GONZALEZ ROMERO</u> 7. Age <u>27</u> 8. Sex <u>M</u> 9. Citizenship <u>Cuban</u> <small>(Give first name in full)</small>	
	10. Home address _____ <small>(Street and number)</small>	<u>Miami</u> <u>Florida</u> <small>(City or town) (State)</small>
	11. Occupation and division _____ <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>	
	12. Total length of service with the Government as a civilian? _____	
	13. Rate of pay on date of injury, \$ <u>320.00</u> per month { and subsistence valued at \$ _____ per _____ and quarters valued at \$ _____ per _____	
	14. Place where injury occurred <u>Playa Giron, Cuba</u> <small>(Give exact location, as name or number of building and division, etc.)</small>	
	15. Date of injury <u>17 April</u> , 19 <u>61</u> ; day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	16. Date employee stopped work _____, 19____; day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	17. Date employee's pay stopped _____, 19____; day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	18. Time of death <u>17 April</u> , 19 <u>61</u> <small>(Give date and hour)</small>	
	19. Place of death <u>Playa Giron, Cuba</u> <small>(Name of hospital, establishment, etc.) (City or town, and State)</small>	
	20. Immediate cause of death _____ <u>Enemy action</u>	
	21. Describe in full how injury occurred _____ _____	
	22. State part of body injured and nature and extent of injury _____ _____	
The injury	23. Was employee injured while in performance of duty? <u>Yes</u> If not, or in doubt, give detailed statement _____ _____	
	24. Was injury caused by: (a) Willful misconduct of the employee? <u>NO</u> (b) Intention of employee to bring about injury or death of himself or another? <u>NO</u> (c) Employee's intoxication? <u>NO</u> <small>(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)</small>	
	25. Was written notice of injury given within 48 hours? _____ If not, did immediate superior have actual knowledge of injury? _____ <small>(Answer for question 5, Form C. A. 1. must be complete if notice was not given within 48 hours)</small>	
	26. Names and addresses of witnesses to injury _____ <u>BEC Records Security</u> <u>APR 20 1961</u>	
Medical attendance	27. Name and address of physician who first attended case _____	
	28. To what hospital sent? _____ Location _____	
	29. Widow of deceased employee <u>None</u> <small>(Give full name.) (Address)</small>	
	30. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support: <u>None</u> <small>Name Date of birth</small>	
Dependents		
	31. Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decedent at time of death:	
	<u>Celina ROMERO de Gonzalez</u>	<u>Mother</u> <u>Cuba</u>
	<u>Modesto GONZALEZ Romero</u>	<u>Brother</u> <u>Cuba</u>
Signed this	_____ day of <u>11 APR</u> , 19 <u>61</u> _____ <small>(Signature of reporting officer)</small>	
at	_____ (Title)	

Approved for Release  
Date 1961

(52)

(b)(3)